

TRAUMATIC CARDIAC ARREST	
ADULT	PEDIATRIC (≤34KG)
BLS	
<ul style="list-style-type: none"> • Universal Protocol #601 • Obvious Death – see Prehospital Determination of Death Policy #125 • Follow HPCPR guidelines for CPR (10:1) and minimize interruptions (< 5 seconds) 	Same as Adult
BLS Optional	
Pulse Oximetry – O ₂ administration per Airway Management Protocol #602	
ALS Standing Orders	
<p>Trauma patients who arrest after EMS arrival on scene and < 20 min from trauma center</p> <ul style="list-style-type: none"> • Do not delay transport • Perform ALS treatments en route • Normal Saline up to 500 mL – repeat x1 if no ROSC or SBP of < 90 mmHg • Do not use Epinephrine or Amiodarone unless the arrest is suspected to be of medical origin • Resuscitate and treat for reversible causes, i.e. hypoxia, hypovolemia, tension pneumothorax • Traumatic arrest with the suspicion of chest trauma, perform bilateral needle thoracostomy. See Needle Thoracostomy Procedure #705. <p>Traumatic arrest with absent signs of life on EMS arrival</p> <ul style="list-style-type: none"> • With absent signs of life consider non-initiation – Prehospital Determination of Death Policy #125 	<p>Same as Adult (except as noted below)</p> <ul style="list-style-type: none"> • Normal Saline 20 mL/kg IV/IO – reassess and repeat
Base Hospital Orders Only	
<ul style="list-style-type: none"> • Trauma patients who arrest after EMS arrival on scene and > 20 min from trauma center or hospital <ul style="list-style-type: none"> ○ Contact SLO Trauma Center for treatment and/or destination • Termination of resuscitation • As needed 	Same as Adult
Notes	

- Absent signs of life assessment include: pulseless, apneic, lack of heart and lung sounds, fixed and dilated pupils.
- Trauma Center is the preferred destination if equal or near equal distance.
- Do not delay transport for advanced airway or other treatment modalities.
- Consider medical origin in older patients with low probable mechanism of injury.
- Unsafe scene or other circumstances may warrant transport despite low potential for survival.
- Minimize disturbance of potential crime scene.
- Consider Oral Intubation or Supraglottic Airways (Adults), provider discretion.
- If the provider cannot accomplish an ALS airway, they should document in the PCR why an ALS airway wasn't accomplished.